

EMOTIONAL WELLNESS MATTERS

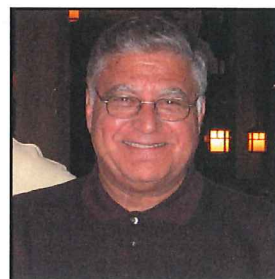
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OCD – Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder was once thought to be a fairly rare but serious mental problem. Specialists saw it as serious mainly because the behavior of a person with this disorder appears quite abnormal to other people. About one in forty people suffers from OCD, and many cases go undiagnosed, so we now know that it is not so rare a condition. The more researchers discovered about OCD, the more they saw that people with this disorder are normal in most respects.

All of us have habits or patterns of living that make our lives infinitely easier. Our morning grooming routine, for example, repeats itself in just about the same way each day. Think about how chaotic and difficult our lives would be if we didn't have well-learned habits to rely on and instead had to create a new routine every morning. For the person with OCD, however, this habitual behavior interferes with the smooth flow of everyday living – and these habits cause them anxiety and worry.

People with OCD often feel that they are losing their minds, although this is far from the truth. They realize that their thoughts and behaviors might be seen by others as bizarre, so they try to hide these patterns. This part of their lives is led in secret and they try to present themselves on the outside as being as normal as possible. They might feel that no therapist, and certainly no friend or relative, could possibly understand what they experience privately everyday. It is when the rituals become so time-consuming and the person is no longer able to function on the job or at home that the victim of OCD seeks help. Thus, the



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DR. PARKER has 35 years of experience as an educator, **Clinical Psychologist** and consultant to numerous corporations, academia and the United States Navy. He has used his coaching **and counseling** skills nationally in working with numerous Fortune 500 companies and non-profit organizations. He has appeared on TV and radio discussing the ways drugs can impact all areas of your life.

He has taught most areas of psychology for over 35 years, and he has supervised both undergraduate and graduate doctoral practicum students. He is currently Adjunct Professor of Psychology at Adler School of Professional Psychology, teaching Addictions. He has held an appointment to the (Family Institute) at Northwestern University, Evanston, Illinois where he taught Substance Abuse Strategies.

Martin is the author of over 25 articles and workbooks. His most recent article appeared in the Encyclopedia of Psychology by Corsini and is titled, "Identification with the Aggressor". His most recent textbook is titled Understanding Substance Abuse and Addictions, and he has co-authored the textbooks Understanding Psychology which is in its 4th edition as well as Understanding Abnormal Psychology, in its second edition.

Dr. Parker conducts workshops on Stress, Resiliency and Coping. He frequently advises leaders on how to thrive during uncertain times. He also counsels people in job search on how to increase their effectiveness.

In Dr. Parker's clinical practice he works with individuals struggling with stress, anxiety, depression and the role substance abuse plays in impairing, business and personal lives.

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number of people with OCD far exceeds the number who actually receive treatment for the disorder. Happily, OCD does not need to be a debilitating life condition. Although there is no cure at this point, the symptoms can be controlled so that OCD need not interfere with normal everyday living.

What is Obsessive-Compulsive Disorder?

Obsessive-Compulsive Disorder is defined by obsessive thoughts and compulsive behaviors that interfere with a person's normal routines, daily functioning, or relationships with others. They are distressing to the one who suffers from OCD and they are time-consuming.

Obsessions are persistent thoughts, ideas, impulses, or images that cause anxiety and worry. The person feels that the thoughts are not within his or her control and that the thoughts are not normal. The person suffering from obsessions knows that these thoughts come from within and are not imposed from an outside source.

Compulsions are repetitive behaviors performed in response to obsessive thoughts in order to relieve anxiety or worry. The discomfort of an obsessive thought compels the sufferer to want to contain or neutralize the discomfort by engaging in some ritualistic behavior. These compulsions can be mental acts, such as counting, praying, repeating words silently, or repetitive behaviors such as checking, hand washing, or putting objects in order. People with OCD do not experience pleasure from performing these behaviors – they engage in them in order to avoid some dreaded consequence, such as harm that might come to others or to themselves, if they do not perform the rituals.

To qualify as obsessive-compulsive disorder, the person recognizes that the obsessions or compulsions are excessive or unreasonable. They cause marked distress, are time-consuming (taking up at least one hour per day), and significantly interfere with the person's normal routine, work or school functioning, or usual social activities or relationships.

OCD is not the same as substance abuse, compulsive gambling, an eating disorder, or superstitious behavior. It is important to realize that OCD is not the same as Obsessive-Compulsive *Personality* Disorder, which is a tendency that some people have to be perfectionists. These people *like* having order and some rigidity in their lives. People with OCD, on the other hand, are disturbed by their ritualistic patterns.

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The onset of OCD is usually gradual, although in some cases, people have reported a sudden onset. When a person has a biological predisposition to OCD, it can be triggered off by stress at home, with a relationship, with friends, or on the job. It is often associated with major life transitions, such as pregnancy, leaving home for the first time, increased levels of responsibility, or health problems.

OCD is linked to anxiety. Not only do the obsessions and compulsions *cause* the person great anxiety, but they may actually be the way a person *alleviates* anxiety. When victims of this disorder experience anxiety, they find structure and a degree of comfort in repeating the same thoughts or behaviors over and over again. But engaging in these thoughts and behaviors seems itself to cause further anxiety. This becomes an endless cycle in which the person truly feels trapped.

Some OCD Statistics

About 20% of the people with this disorder have only obsessions or compulsions (but not both), and the remaining 80% experience both obsessions and compulsions. Most people who have obsessive-compulsive disorder will show symptoms prior to the age of 25; only 15% of all OCD sufferers will first show signs after the age of 35. About 15 to 20% have a family member who also suffers from this disorder. Approximately 70% of those with OCD will suffer from a major depression at some point in their lives. There is a slightly higher incidence of OCD in women if it first appears during adolescence. However, if it first shows itself in childhood, boys with OCD outnumber girls by about two to one. What these statistics show is that if you suffer from OCD, you are not alone. People with OCD keep it a secret, so we don't usually realize how many of the people around us suffer from the same condition.

What Causes OCD?

Despite the myths that early childhood experiences (like the way one is toilet trained) might lead to OCD, there is no real evidence to support this

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This newsletter is intended to offer general information only and recognizes that individual issues may differ from these broad guidelines. Personal issues should be addressed within a therapeutic context with a professional familiar with the details of the problems. ©2007 Simmonds Publications: 5580 La Jolla Blvd., #306, La Jolla, CA 92037 Website ~ www.emotionalwellness.com

notion (although one may end up with a particularly rigid personality because of early childhood training). There does seem to be a genetic component to this disorder, however. It runs in families. There is evidence that it may be related to brain chemistry, especially with neurotransmitters such as serotonin. Furthermore, about one-fourth of all those with this disorder seem to have it triggered by a stressful life experience. While the exact cause is not known, it appears that OCD results from a combination of inherited predispositions combined with environmental factors. These environmental factors may include trauma, childhood neglect, family stress, illness, divorce, accidents, as well as major life transitions such as adolescence, leaving home, marriage, parenthood, and retirement.

Some Common OCD Obsessions

People who suffer from this disorder realize that their obsessions do not make sense, but they are not able to put them out of their minds. Here are some common themes in the thoughts of people with OCD:

- Fear of getting a disease
- Fear of being contaminated or infected by things in the environment
- Fear that a disaster will occur
- Fear of committing a crime or harming oneself or others
- Recurring sexual thoughts and images
- Fear of losing things that will be needed later, resulting in hoarding and collecting things
- Concern over order, structure, exactness
- Excessive worry over religious issues, morality, and issues of right and wrong

Some Common OCD Compulsions or Rituals

In order to reduce anxiety caused by obsessions, people with OCD feel that they have to do something, so they engage in ritualistic behaviors. The fears soon return, however, and they have to start the rituals all over again. Here are some common ones:

- Grooming behaviors, like washing hands repeatedly
- Changing clothes again and again
- Counting to oneself over and over
- Arranging things in a certain ritualistic way
- Checking light switches, stove burners, locks, or electrical outlets constantly
- Hoarding things like magazines or mail

Some Common OCD Patterns

Counting and Repeating: Some people with OCD feel that they have to count things, like passing automobiles or the number of seconds it takes to brush one's teeth. They may feel that they have to repeat a word a certain number of times in order to protect themselves or someone else from harm, or they may feel that they have to change clothes repeatedly before leaving the house.

Protecting Against Contamination: The most common form of compulsion is repeated cleaning and washing. Some OCD sufferers may wash their hands thirty, forty, or more times a day, or they may take a shower several times throughout the course of a day. If someone has come into the house, they may later scrub the house thoroughly to avoid possible exposure to germs or other contaminants.

Checking: A common OCD compulsion involves checking things over and over again to make sure that everything is in order. A person may check the locks on the doors repeatedly or go through all the light switches in the house to make sure that they are turned off. They know logically that everything is all right, but they have a secret feeling that things should be checked again and again. They may go over a report on the job or at school so often that they cannot get things in on time.

Hoarding: Some people cannot throw out anything. In order not to lose anything of importance, they will save old mail, newspapers, magazines, old clothes, dead plants, or used containers until it becomes impossible to maneuver through the house.

Strange Movements: Sometimes rituals can be seen in the form of odd movements, like making every fourth step a skip while walking or rotating one's neck a certain number of times before entering a room.

Being Scrupulous: Some people with OCD will do anything to avoid certain thoughts or actions. For example, their obsessions may lead them to avoid certain words in their speech, certain places, some items of clothing, or consuming certain foods or drinks.

RECOMMENDED READING

Hyman, Bruce, M., and Cherry Pedrick.
The OCD Workbook, Second Edition.
Paperback, 2005, 237 pages
ISBN – 9-781572-244221.

IS THERE HELP FOR OCD?

Although there is no absolute cure for OCD at this point, there is substantial help available for those who suffer from this disorder. Life for the OCD sufferer can become normalized so that the symptoms don't interfere with everyday living. With effective treatment, people with this disorder can live full, productive, and normal lives.

Many have found **antidepressant medication** to be a helpful part of their treatment for OCD. These medications, called SSRI's, can increase the level of the neurotransmitter, serotonin, in the brain, and this seems to reduce OCD symptoms. Dosages of these medications are usually higher in treating OCD than when they are used solely for depression. Medication alone, however, is not usually as helpful in controlling OCD as a combination of medication and psychotherapy.

Psychotherapy, including *cognitive-behavioral therapy*, is an important part of recovery from OCD. This form of therapy provides the tools and skills necessary for managing obsessional and compulsive behavior. One helpful therapeutic tool used with OCD is *exposure and response prevention*. This technique reduces the anxiety associated with obsessive thoughts through a process

called habituation. When a person is exposed to anxiety repeatedly, the nervous system gradually adjusts to the anxiety (just as our hands adjust to being dipped in cold water after a period of time). Thus, we learn to tolerate the anxiety associated with obsessive thinking and decrease the need to engage in compulsive techniques for reducing the anxiety. Psychotherapy also aims to challenge the *faulty thinking patterns* that drive and maintain the obsessive thoughts. Another valuable technique is called *mindfulness*, in which we increase our awareness of the thoughts that guide our debilitating behavior. *Supportive therapy* with a concerned professional can help the person to gain knowledge and courage to try to deal with anxieties without resorting to obsessional thoughts and compulsive behavior.

An important component of therapy is to bring other *family members* into the process so that they can learn appropriate ways of coping with the disorder and provide a supportive and understanding environment for the sufferer.

Most people who suffer from OCD try to keep their condition secret and may engage in denial. The first step in overcoming this debilitating circumstance is to make an appointment to talk to a professional psychotherapist. The sessions with your therapist are safe, trustworthy, and supportive. Getting your condition under control is a challenge – but things will only get better after making that first call. Help and hope are just a phone call away.

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